

Form 9-a9

Bloodborne Pathogen Training Certificate

I have received Bloodborne Pathogen Training as described in Section 5.2 of the City of Austin Bloodborne Pathogen Policy. The training was conducted on _____ (date).

(Employee Signature)

(Social Security Number)

(Work Area/Department)

I certify that the above-named employee has been provided with Bloodborne Pathogen Training on _____ (date).

(Instructor's Signature)